

2004 STATE OF COLORADO COBRA DISABLED MONTHLY RATES

	SINGLE	E + 1	E + 2
MEDICAL PLANS			
ABCBS LIBERTY EPO			
CONTRACT RATE	\$324.48	\$648.94	\$908.50
50% ADMIN FEE	\$162.24	\$324.47	\$454.25
BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30
TOTAL	\$490.02	\$976.71	\$1,366.05
ABCBS CENTENNIAL PPO			
CONTRACT RATE	\$220.50	\$441.02	\$617.46
50% ADMIN FEE	\$110.25	\$220.51	\$308.73
BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30
TOTAL	\$334.05	\$664.83	\$929.49
KAISER HMO			
CONTRACT RATE	\$246.40	\$492.78	\$689.90
50% ADMIN FEE	\$123.20	\$246.39	\$344.95
BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30
TOTAL	\$372.90	\$742.47	\$1,038.15
PACIFICARE HMO			
CONTRACT RATE	\$393.70	\$787.42	\$1,102.40
50% ADMIN FEE	\$196.85	\$393.71	\$551.20
BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30
TOTAL	\$593.85	\$1,184.43	\$1,656.90
SLV HMO			
CONTRACT RATE	\$272.76	\$545.50	\$764.02
50% ADMIN FEE	\$136.38	\$272.75	\$382.01
BENEFITS ADMIN FEE	\$3.30	\$3.30	\$3.30
TOTAL	\$412.44	\$821.55	\$1,149.33
DENTAL PLANS			
DELTA DENTAL - BASIC PLAN - A			
PREMIUM	\$16.26	\$36.92	\$58.00
50% ADMIN FEE	\$8.13	\$18.46	\$29.00
TOTAL	\$24.39	\$55.38	\$87.00
DELTA DENTAL - BASIC PLUS PLAN - B			
PREMIUM	\$24.34	\$53.90	\$100.48
50% ADMIN FEE	\$12.17	\$26.95	\$50.24
TOTAL	\$36.51	\$80.85	\$150.72